
General Information

A Pest Control Business (PCB) License is required of any person who engages for hire (FAC Section 11701) in the business of pest control. Pest control includes the use of any pesticide, method or device to do any of the following: (1) control pests; (2) prevent, repel, or correct any pest infestation or disorder of plants, or regulate plant growth by direct application to plants. The Pest Control Business License Application Packet includes the following: (1) Pest Control Business License Application; (2) Certificate of Insurance; (3) Certificate of Insurance Requirements Statement; (4) Financial Responsibility Options.

Maintenance gardeners performing pest control incidental to their gardening business should obtain a *Maintenance Gardener Pest Control Business License* (PR-PML-004 0) (Est. 11/01). Businesses performing strictly structural pest control for hire are licensed by the Department of Consumer Affairs, Structural Pest Control Board and are exempt from the Pest Control Business License. However, a Pest Control Business License is required if pest control work for hire is done outside the scope of their structural pest control operator license.

The Department of Pesticide Regulation has established time periods for processing permit applications, in compliance with Government Code Sections 15374-15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 1001 I Street, Sacramento, California 95814-2828, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 306. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

Application Completion Instructions

The following instructions will help you complete the application:

- A. Application Type.** Check one or more of the boxes in this section. (1) If you are a new applicant, check the "New Application" box. (2) If you are adding a pest control business branch location to your PCB License, check the "Adding Branch Location" box. (3) If you are changing the name of your business, check the "Name Change" box. (See section "C" below). (4) If you are changing your address, check the "Address Change" box. (5) If you are making any other type of change (e.g., change the business's qualified person), check the "Other" box and specify the type of change.
- B. Business Information.** Please complete information requested in this section. If you are changing your business name, enter your former business name in section "C". If there is a change in business name or address you must immediately notify the Director in writing. There is no fee required for this change.
- C. Former Business Name.** If your business name has changed, enter the former name in this section of the application.
- D. Business Officers or Owners.** List the name, title, and mailing address of each of your business's officers and/or owners. If necessary, use an additional sheet of paper to complete this list. If there is a change in the business ownership or organization, the Director must be notified immediately in writing. A new application fee must be submitted for this change.

- E. Branch Locations.** This section of the application should be completed if you are adding a branch location to your business. Enter the business location address for each branch location added.
- F. Qualified Person.** Each principal and branch office must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies) to engage in the business of pest control from that location. The qualified person is responsible for supervising all pest control operations performed by the business location. In this section, enter the name of each qualified person, Qualified Applicator License Number, pest control category(ies), i.e., A, B, C, D, etc., license expiration date, and mailing address of location responsible. If necessary, use an additional sheet of paper to complete this list. If there is a change in the qualified person for the business, the Director must be notified immediately. There is no fee required for this change.
- G. Pest Control Business Type.** (1) In this subsection indicate the type of pest control work your business performs by checking the appropriate box(es). (2) In this subsection indicate the type of pest control categories your business requires to be in business by checking one or more boxes. (3) In this subsection indicate if your business is a corporation. If your business is a corporation you must submit with your application a current copy of the "Certificate of Good Standing". This certificate can be obtained for \$6.00 by writing to: Attention: Certificate Department, Secretary of State, 1500 11th Street, Sacramento, California 95814. (4) In this subsection indicate if your business name is anything other than your surname (i.e., last name). If your business name is other than your surname you must submit a "Fictitious Business Name Statement" with our application. This statement may be obtained from the county clerk's office.
- H. Liability Insurance.** Each applicant for a Pest Control Business License must demonstrate financial responsibility that meet the requirements of Section 6524 of Title 3, of the California Code of Regulations. (Note: Coverage must include chemical liability.) Financial responsibility is demonstrated by one of the following methods:
- (1) Filing with the Director an approved certificate of insurance certifying liability insurance coverage that meets the Department's minimum requirements. This can be achieved by having your insurance carrier complete either the attached Certificate of Insurance (PR-PML-052) or the attached Certificate of Insurance Requirements Statement (PR-PML-173). If you use the Certificate of Insurance Requirements Statement form, please have your insurance carrier submit their Certificate of Insurance along with an endorsement for pollution coverage if necessary.
 - (2) Deposit with the Director a certificate that meets the Department's minimum standards.
 - (3) Deposit with and on a form provided by the Director a surety bond issued by a bonding company doing business in California. Please use the Pest Control Business Licensees Bond form (PR-PML-053).
- See the attached Financial Responsibility Options chart for specific coverage requirements. If you have any questions, please do not hesitate to call us.
- I. Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. In this section on the application enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.
- J. Application Fees.** Check the appropriate boxes in this section of the application. Indicate the total fees enclosed with the application. If the "Fee Exempt" box is checked, the Fee Exempt Supplement Application (PR-PML-006) must be completed, reviewed and signed by the local county agricultural commissioner. This form is available at the office of the county agricultural commissioner.

The following information and table will assist you in determining the appropriate application fee.

Application Fee Schedule:

Application Fee Schedule		License Expiration Year ¹	
Year Submitting Application	A – L	New Application Fee	Branch Location Fee
2001	2002	\$200.00	\$100.00
2002	2002	\$100.00	\$50.00
2003	2004	\$200.00	\$100.00

Year Submitting Application	License Expiration Year ²		New Application Fee	Branch Location Fee
	M – Z			
2001	2001		\$100.00	\$50.00
2002	2003		\$200.00	\$100.00
2003	2003		\$100.00	\$50.00

K. Read Before Signing. Check the “Yes” box if you had any administrative, civil or criminal action taken against you for violation of any State or federal laws or regulations relating to the application of pesticides that resulted in disciplinary actions or in which disciplinary action is pending. If you answer yes, explain the circumstances of the disciplinary action.

L. Declaration/Signature Block. Read the declaration; if you agree, sign and date the application. The owner or officer of the business must sign the declaration.

Mailing & Payment Instructions

Mail your application and payment to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015. Include your check, money order, or completed VISA/MasterCard Transaction form made payable to the Cashier, Department of Pesticide Regulation, with your application. No coin or currency will be accepted.

¹ If your business name begins with **A - L**, the expiration date of the business license is on **even-numbered** years.

² If your business name begins with **M - Z**, the expiration date of the business license is on **odd-numbered** years

LICENSE NO.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-4038

PEST CONTROL BUSINESS LICENSE

THIS LICENSE EXPIRES

= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

Who Needs It?

Any person who engages in pest control for hire (advertises, solicits, or operates as a pest control business). This includes, but is not limited to, the following types of activities (FAC sections 11403, 11701):

- Ground and aerial pest control applications
- Farm management companies when their services include pest control
- Packing houses, shippers, storage facilities, and other processors who treat agricultural commodities owned by another person or firm (does not include Cooperatives)
- Companies that perform pest control rights-of-way.

What's Required?

- Have at least one person in a supervisory position who holds a QAL with the appropriate pest control category(ies) at each principal and branch location (FAC section 11701.5)
- Fulfill financial responsibility requirement [FAC section 11701(c)(2) and 3CCR section 6524]
- Fictitious Business Name Statement from the County Clerk's Office [FAC section 11702(a)]
- Certificate of Good Standing for companies that are corporations - obtained for a fee from the Secretary of State [FAC 11702(a)]
- License fee of \$100.00 per year for the principal location and \$50.00 per year for each branch location (FAC section 11703)

Additional Requirements!

- Register with the county agricultural commissioner (CAC) in each county where work is performed (FAC section 11732)
- Retain pest control application notification records (NOIs) for two years (3CCR section 6619)
- Retain records of pesticide use for two years (3CCR section 6624)
- Submit pesticide use report records to CAC (3CCR sections 6626 and 6627)
- Have valid permits for restricted materials used (3CCR section 6632)
- Written recommendations retained for one year (FAC section 12004)
- Businesses that perform pest control using an aircraft must have a person who holds a valid Journeyman Pest Control Aircraft Certificate (FAC section 11901)
- Federal Aviation Administration (FAA) Operating Certificate required to operate as a commercial agricultural aircraft operator.

References: Food and Agricultural Code Sections 11403, 11701 - 11741 and
Title 3, California Code of Regulations Section 6522 - 6524.

STATE OF CALIFORNIA
PEST CONTROL BUSINESS LICENSE APPLICATION (PCB)
PR-PML-042 (REV. 11/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

A. Application Type. Indicate the type of application by checking the appropriate box(es) below.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADDING BRANCH LOCATION	<input type="checkbox"/> ADDRESS CHANGE	PCB BUSINESS LICENSE # _____

B. Business Information. Please print

BUSINESS NAME

EMAIL ADDRESS	FAX NUMBER ()	TELEPHONE NUMBER ()
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BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(County)	(State)	(ZIP Code)
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BUSINESS TYPE (Check only one box.)

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> OTHER (Please Specify)
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C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME

D. Business Officers or Owners (Attach additional sheet if necessary.)

1) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

2) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

E. Branch Locations (Attach additional sheet if necessary.)

1) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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2) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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3) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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F. Qualified Person. Each business location must have a qualified person who possesses a valid Qualified Applicator License with the appropriate pest control category(ies). The qualified person is responsible for supervising all pest control operations performed by each main and branch location. (Attach additional sheet if necessary.)

1) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)

2) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)

3) QUALIFIED PERSON'S NAME	QUALIFIED APPLICATOR LICENSE NUMBER	PEST CONTROL CATEGORY(IES)	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)

Application Continued on Reverse Side

G. Pest Control Business Type

1) Indicate what type of pest control your business will be performing or performs by checking the appropriate box(es) below.

<input type="checkbox"/> Aerial Application	<input type="checkbox"/> Biological Control	<input type="checkbox"/> Defoliation	<input type="checkbox"/> Plant Growth Regulators
<input type="checkbox"/> Ground Application	<input type="checkbox"/> Disease Control	<input type="checkbox"/> Fumigation <input type="checkbox"/> Soil Product	<input type="checkbox"/> Seed Treatment
<input type="checkbox"/> Aerial/Ground Application	<input type="checkbox"/> Microbial Control	<input type="checkbox"/> Stored Ag. Prod./Post harvest Treatment	<input type="checkbox"/> Vertebrate Control (incl. Birds)
<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Nematode Control	<input type="checkbox"/> Other _____	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Indoor Plant Maintenance	<input type="checkbox"/> Insect, Mites & Other Invertebrates		<input type="checkbox"/> Wood Preservation

2) Please indicate the type of pest control categories your business will be engaged in by checking the appropriate box(es) below.

<input type="checkbox"/> Residential, Industrial & Institutional	<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Right-of-Way	<input type="checkbox"/> Sewer Line Root Control
<input type="checkbox"/> Plant Agriculture	<input type="checkbox"/> Forest	<input type="checkbox"/> Aquatic	
<input type="checkbox"/> Regulatory	<input type="checkbox"/> Seed Treatment	<input type="checkbox"/> Animal Agriculture	
<input type="checkbox"/> Demonstration & Research	<input type="checkbox"/> Health Related	<input type="checkbox"/> Wood Treatment	

3) Is your business a corporation?

☐ YES (A current copy of the "Certificate of Good Standing" must be submitted with the application.) ☐ NO

4) Is your business name different than your surname (i.e., last name)?

☐ YES (A "Fictitious Business Name Statement" must be submitted with the application.) ☐ NO

5) Is your business a partnership?

☐ YES (A "Fictitious Business Name Statement" must be submitted with the application.) ☐ NO

H. Liability Insurance. Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

I. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER
NAME

POLICY
NUMBER

EXPIRATION DATE

J. Application Fee. (Fees are non-refundable.) See Application Fee Schedule, Part J of the Application Completion Instructions.

1) ☐ Main Location ☐ \$100.00 (One year fee) or ☐ \$200.00 (Two year fee)

2) ☐ Branch Location ☐ \$50.00 (One year fee) or ☐ \$100.00 (Two year fee)

3) ☐ Fee Exempt (A completed copy of the "No Fee Pest Control Business Application Supplement" must be submitted with your application.)

4) Total Fee(s) Enclosed \$

Mail your Completed Application and Fees to the: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015. Include your check, money order or credit card information with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.

K. Read Before Signing. During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

☐ YES (State explanation below.) ☐ NO

L. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE

TITLE

DATE SIGNED

FOR OFFICIAL
USE ONLY*

BUSINESS LICENSE NUMBER ISSUED

COMPUTER ENTRY DATE

FINANCIAL RESPONSIBILITY OPTIONS

(REV 07/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM

1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>

Each applicant for a Pest Control Business License must demonstrate financial responsibility for the type of work performed. The applicant can demonstrate financial responsibility by one of the following options: (1) file with the Director an approved original certificate of insurance certifying liability insurance coverage that meets the Department's minimum standards; (2) deposit with the Director a certificate of deposit that meets the Department's minimum standards, or (3) a surety bond that meets the Department's minimum standards, on the form provided by the Director.

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage		
Pest Control Business License - applicants who make applications by ground rig or apply fumigants.	\$100,000	\$300,000	\$50,000	\$75,000	\$75,000
Pest Control Business License - applicants who make application by aircraft.	\$100,000	\$300,000	\$100,000 per aircraft ^(a)	\$50,000 per aircraft ^(b)	\$50,000 per aircraft ^(b)

(a) When more than one aircraft is insured, the property damage aggregate is one-half the property damage limit times the number of aircraft insured.

(b) A certificate of deposit or a surety bond need not exceed \$3000,000 per Pest Control Business License.

STATE OF CALIFORNIA
**CERTIFICATE OF INSURANCE
REQUIREMENTS STATEMENT**
PR-PML-173 (EST. 07/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

A. Instruction. If this certificate is used to demonstrate financial responsibility, it must be completed by the insurance company. In addition to this certificate, your insurance company must provide the Department with their certificate of insurance describing the insurance afforded to your pest control business.

B. Certificate Statement

This certifies that the insurance policy of _____ (company
affording coverage) issued to _____ (insured name),
an applicant for a pest control business license affords the following coverage:

1. Covers crop or landscape or property damage as a result of a drift of a pesticide from the area of treatment.
2. Covers crop or landscape or property damage that may result from the handling of a pesticide or equipment failure during the pesticide application.
3. Covers bodily injury to persons not involved with the pesticide application when the pesticide is directly indirectly applied on them accidentally and results in an illness, or injury.

C. Insured Information

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER		
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

D. Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	EMAIL ADDRESS	PHONE NUMBER
MAILING ADDRESS	(City)	(State) (Zip Code)
CONTACT PERSON NAME		
2. INSURANCE AGENT/BROKER NAME	EMAIL ADDRESS	PHONE NUMBER
MAILING ADDRESS	(City)	(State) (Zip Code)
CONTACT PERSON NAME		

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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STATE OF CALIFORNIA
CERTIFICATE OF INSURANCE
 PR-PML-052 (REV. 07/01)

DEPARTMENT OF PESTICIDE REGULATION
 PEST MANAGEMENT AND LICENSING BRANCH
 LICENSING AND CERTIFICATION PROGRAM
 1001 I STREET
 SACRAMENTO, CALIFORNIA 95814-2828
 (916) 445-4038
 FAX - (916) 445-4033
 Web site: <http://www.cdpr.ca.gov/>

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER
BUSINESS LOCATION ADDRESS (City)	(State) (Zip Code)

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS (City)	(State)	(Zip Code)	
CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS (City)	(State)	(Zip Code)	
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 90 days advance notice of such non renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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VISA / MASTERCARD TRANSACTION

DPR-ACC16-105 (REV. 5/01)

**INSTRUCTIONS:**

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038
4. Attach all necessary documents. Mail your completed application with this form, to:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)															CIRCLE ONE VISA MasterCard		TODAY'S DATE
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF REGISTRANT/LICENSEE

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

DEPARTMENT USE ONLY	ENTERED ON POS BY	TODAY'S DATE	DATE MAILED	BY
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